

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/520911

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			X			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
12			/			
13			X			
14			X			
15			X			
16			/			
17			/			
18			/			
19			X			
20			/			
21			/			
22			/			
23			X			
24			X			
25			X			
26			/			
27			/			
28			/			
29			/			
30			/			
31			/			
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33			/			
34			/			
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36			/			
37			/			
38			/			
39			/			
40			/			
41			X			
42			X			
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	39	←		←
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						